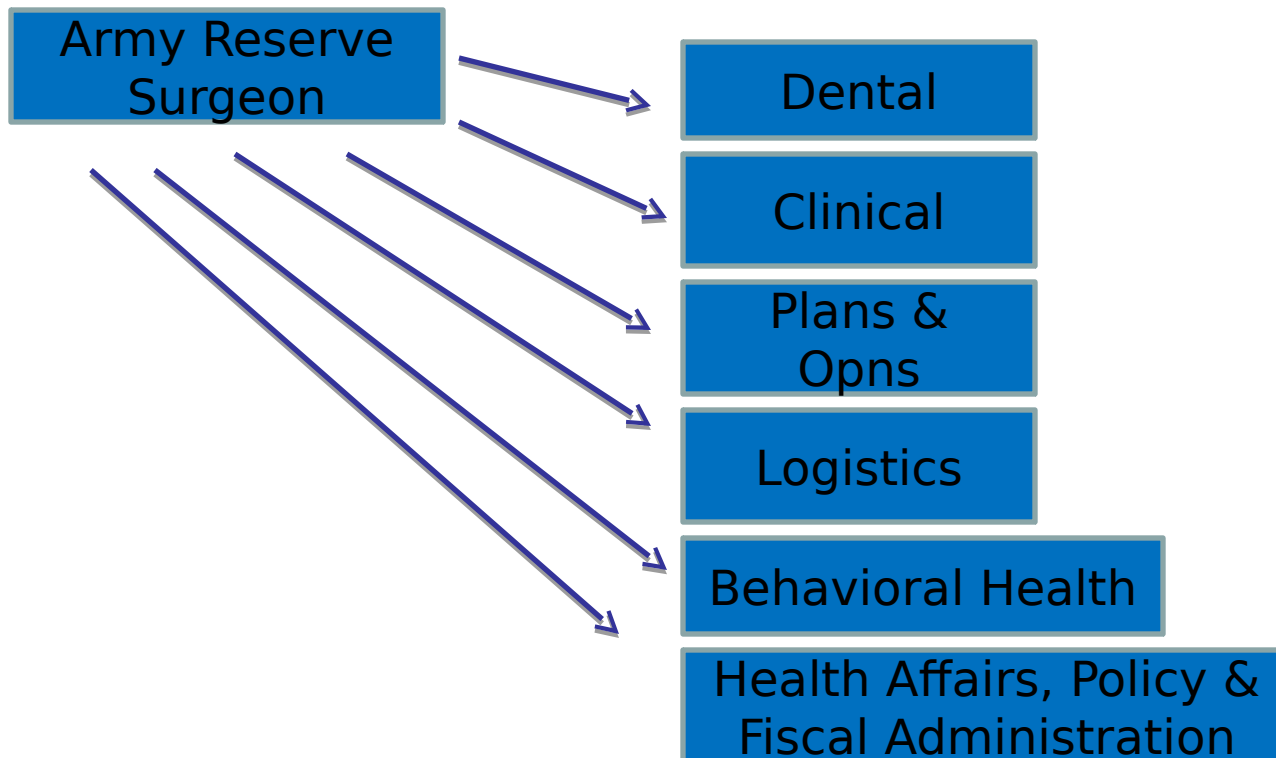


ARMY RESERVE SURGEON DEPUTY FOR BEHAVIORAL HEALTH

**Major Tremaine Sayles
20 SEPT 2012**







- ☐ Develop and implement behavioral health (BH) strategic plans and policies for the Army Reserve (AR).
- ☐ Provide BH leadership, vision, and guidance for Soldier, Family and Civilian programs.
- ☐ Function as the BH subject matter expert, consultant, and advocate for AR Soldier, Family, Civilian programs and resources.





- ☐ Serve as the command's senior advisor for BH policy and programs to support the AR community and Soldier/Family readiness.
- ☐ Assist the AR Surgeon in preparing staff actions related to BH.
- ☐ Educate others on the unique culture and needs of the AR.





- ☐ Coordinate with managers of Directors of Psychological Health (DPH) program across Department of Defense (DOD).
- ☐ Coordinate with Deployment Health Assessment Program (DHAP).
 - ✓ Monitor the implementation of Mental Health Assessment (MHA) across the deployment cycle.
 - ✓ Assist with the management and tracking of BH referrals.
- ☐ Assist the Army Stigma Reduction Campaign (SRC).
- ☐ Provide guidance/BH review of Comprehensive Soldier Fitness (CSF) Policies
- ☐ Assist/Develop AR/FORSCOM/DA Risk Assessment





- ☐ Coordinate with Office of the Surgeon General/Medical Command (OTSG/MEDCOM) staff on utilization of social workers, psychologists and other BH staff.
- ☐ Review the use of telemedicine for AR.
- ☐ Develop courses of action (COAs) for the National Defense Authorization Act (NDAA) Sec 703.
- ☐ Participate in Suicide Review Group (SRG) meetings.
- ☐ Development of the process to ensure continuity of care for AR Soldiers between theater and continental United States (CONUS).



- ☐ Review alternative treatments for PTSD and/or Depression.
 - ✓ Accelerated Resolution Therapy (ART)
 - ✓ Transcendental Meditation (TM)
- ☐ Participate in the DOD Psychological Health Council
- ☐ Shape the Army Reserve DPH program
 - ✓ Assess, monitor and track high-risk Soldiers.
 - ✓ Act as consultant to Commands on Command Directed Mental Health Evaluations.
 - ✓ Provide Traumatic Event Management for Soldiers or units who have endured.
 - ✓ Increase the number of AR DPHs.



BACKGROUND of the DPH Program

- Position went full-time, funded with OCO dollars, May 2008.
- Mission: implement an enduring behavioral Health (BH)

program throughout the Army Reserve (AR).

□ Directors of Psychological Health (DPHs)

- Primary AR BH service delivery system.
- DOD Task Force on Mental Health Report to Congress, SEP 2007, called for one per Regional Command.
- Four AR BH Officers activated ; one stationed at each of the RSCs.

- 88th RSC embedded a combat stress control element in their



**VCSA's Suicide Prevention Task Force and Health Promotion,
Risk Reduction, Suicide Prevention Council (HPRRSP).**

DA funded AR HPRRSP resources for DPH Program FY11-FY15.

DA approved AR HPRRSP Concept Plan, MAR 2011.

Surgeon's Office is the owning agency for the concept plan.

**AR HPRRSP Concept Plan Personnel
Requirements:**

Permanent Department of the Army (DAC) Licensed BH professionals.

05 DPHs (Surgeon)

02 Family Advocacy Program Specialists (Family Programs)

35 Suicide Prevention Program Managers (G1)

08 Army Substance Abuse Program personnel. (G1)





❑ Director of Psychological Health (DPH)

- ✓ The DPHs are the only program available to provide the following services:
 - Provide referrals for soldiers who present with BH issues and conduct referral tracking.
 - Assist Commands with profile reconciliation to enhance readiness.
 - Provide on site trainings for commanders/units.
 - Conduct Traumatic Event Management activities including suicide postvention activities.
 - Provide consultation on and facilitate Command Directed Mental Health Evaluations.
 - Enhance readiness, training and retention of soldiers.





Directors of Psychological Health (DPH) Service Delivery System

CHALLENGES:

Down scaling civilian personnel requirements AR-wide to FY10 levels

detrimental impacts: temporary hires and finding authorizations.

DPH contractors replaced uniformed BH personnel, APR 2011.

HRPPSP spans multiple directorates; lack of General Officer Champion.

Funding in the out years (FY16 and beyond).

Administrative personnel managing Soldier well-being programs without BH expertise.





AR Surgeon

Deputy Surgeon for
BH

USAR DPH Program
Director

99th RSC

88th RSC

63rd RSC

81st RSC



- ☐ Congressional mandate to complete Mental Health Assessment at each point during the deployment cycle.
- ☐ Standardized Assessment Tool (SAT) I and II
 - ✓ Screen for symptoms **consistent with** Post Traumatic Stress Disorder (PTSD), Major Depressive Disorder & Alcohol Abuse
 - ✓ ***Not a diagnostic tool***
- ☐ Certain answers on SAT I trigger completion of SAT II



- ☐ Currently completed by hand, pending a computerized version
- ☐ DA Form 2795, 2796 and 2900 electronic
- ☐ OTSG is in the process of creating an electronic MHA
- ☐ In the interim, hand-written MHAs are mailed to Public Health Command and individually scanned into a database by last name.



- ❑ DOD/Congress has asked about “positive assessment, referral and follow-up rates” for Soldiers.
 - ✓ Although we can identify the number of positive assessments, we cannot identify information on referrals. DHAP validates an “authorization” for care. The Soldier receives the care in the community, VA or MTF. Since there is no Army Reserve referral tracking program or mechanism there is no way to determine if care was actually received.
- ❑ DOD/Congress has asked about “number of individuals with a PTSD and/or Depression diagnosis who had a positive assessment on the MHA”.
 - ✓ Again, we can identify the number of positive assessments, however, there is no mechanism to determine if someone has PTSD/Depression prior to a screening due to HIPAA regulations.





QUESTIONS?

